

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 595564

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	6		1			
10	8		1			
11	1		1			
12	1		1			
13	2		1			
14	1		1			
15	1		1			
16	2		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	20	←	16	←	←	
TOTAL CLAIMS	22	[Redacted]	18	[Redacted]	[Redacted]	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS					←	←